

Name in Full

Certificate of Death

Ann C. Olsen

Town

County

Died at

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Age

79

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Paralysis

Death

Immediate

How long sick

2 years

Accident, Suicide, Homicide

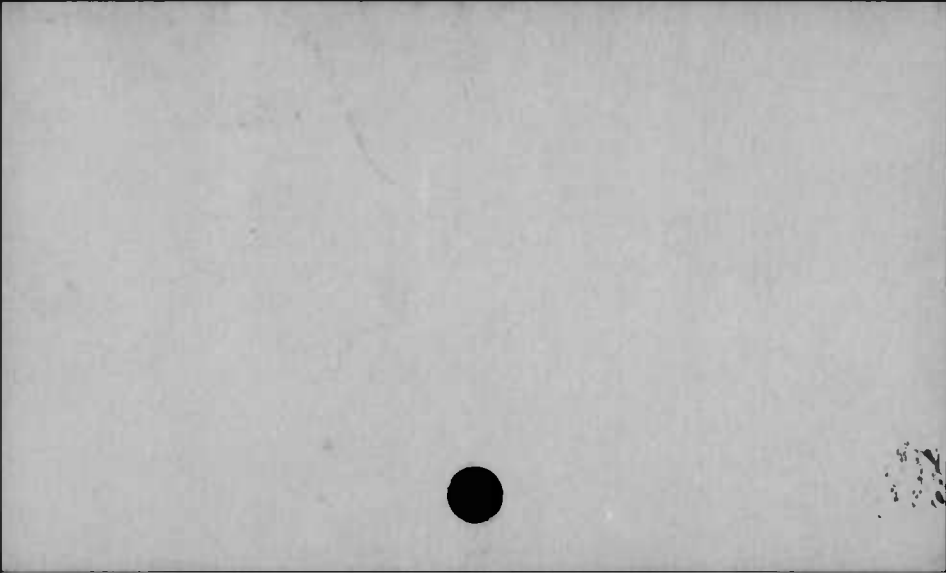
Reported by

L. B. Johnson
Maryland

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

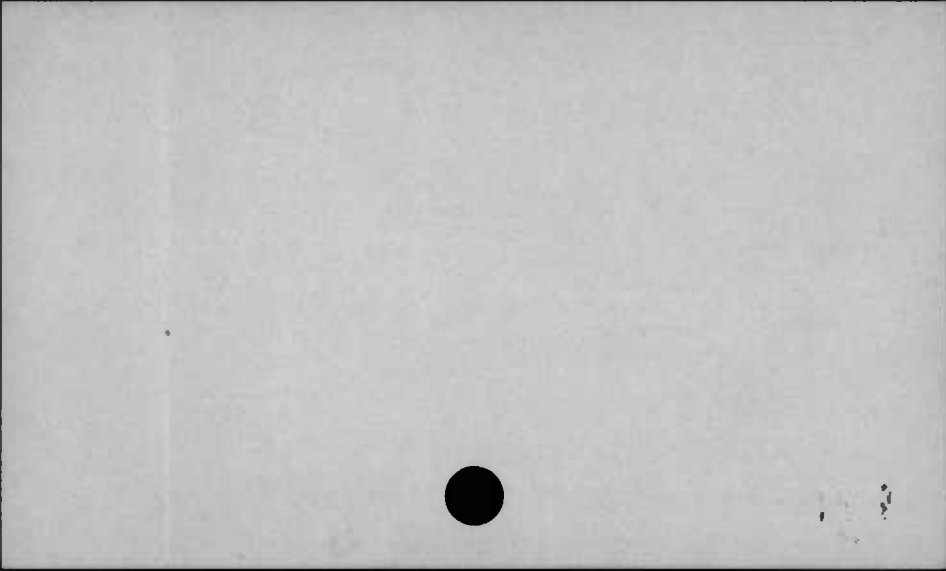


Like Emmets
 Died at *California* Town *St. Mary's* County *MARYLAND*
 Date 19 *02* - *1* - *13* Month Day Y. M. D. Age *18-4-7*
 Male ~~White~~ Married ~~Widow~~ Divorced
 Female Colored Single Widower Number of children living *1*

Husband of *Robt. Emmets*
 Wife
 Father's Name Mother's Maiden Name *Susie Hayden*
 Cause of Death { Primery *Consumption* Immediate
 How long sick *3 months*
 Accident, Suicide, Homicide

Reported by *Lewis T. Clarke & Bro.*
 Address *Great Mills St. Mary's Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary L. Herbert

Town

County

Died at *Woodlawn Hill**St. Mary's*

MARYLAND

Date	1902	Month	Jan.	Day	14	Age	33	Y.	M.	D.	Native of	Maryland	Occupation	Housewife
Male						Married					Widow			
Female						Single					Widower			
													Number of children living	none

~~Husband~~ of *John H. Herbert*

Wife

Father's Name *Charles Butler* Mother's Maiden Name *Ernestine Holly*

Cause of Death	Primary	<i>Phthisis</i>	How long sick <i>2 years</i>
	Immediate	<i>Exhaustion</i>	
			Accident, Suicide, Homicide

Reported by *Jach. R. Morgan, M.D.*

Address *Mechanicville Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Martha Lee Hess

Town

County

Died at Leonardtown

St Marys

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1/10	1	10		6		md	
Male	White	Married		Widow		Divorced	
Female	Colored	Single		Widower		Number of children living	

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Jake Hess

Lizzie Johnson

How long sick

13 days

Death

Immediate

Meningitis

Accident, Suicide, Homicide

Reported by

Thos. Lusk

Address

R2



Leonardtown

md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79878



12
12051

Joseph O. Rooker

Died at ^{Town} Piney Point ^{County} St. Mary's MARYLAND

Date 1902 - Jan, 18 Month Day Y. M. D. Age 65 Native of Occupation Stone

Male White Married Widowed Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living oneHusband of Sarah Shodrick
Wife

Father's Name Mother's Maiden Name

Cause of Death { Primary Chronic Bright disease
Immediate Measles
How long sick 3 months
Accident, Suicide, HomicideReported by J. Homer Gresham
Address 1 Valley Lee, St. Mary's Co, 1920

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Grace Robinson

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02

Jan. 15-

Age

3

6

16

Maryland

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

~~Husband~~~~Wife~~

Father's

Name

Chas. Robinson

Mother's

Maiden Name

Lena Gladson

Cause of

Primary

Spasmodic Croup

How long sick

About 2 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

L. Horne Guich, MD

Address

Valley Lee

St. Mary's Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at *Hyly wood* Town *St Marys* County *MARYLAND*
 Date 19 *02* Jan Month Day Y. M. D. Native of *Ind* Occupation
 Male *White* Age *17* Married *Widow* Divorced
 Female *Colored* Single *Widower* Number of children living

Husband
of
Wife

Father's Name *James Saver* Mother's Maiden Name *Fanny Smallwood*

Cause of Death { Primary *Peritonitis* How long sick *10 days*
 Immediate Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Emma Thomas

Town

County

MARYLAND

Died at California St. Mary

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 January 25

Age 54

Maryland

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widow~~

Number of children living

Five

Husband of Samuel Thomas

Wife

Father's Name Clement Carroll

Mother's

Maiden Name

Barolin Smith

Cause of Primary

Intestinal Obstruction

How long sick

About six days

Death Immediate

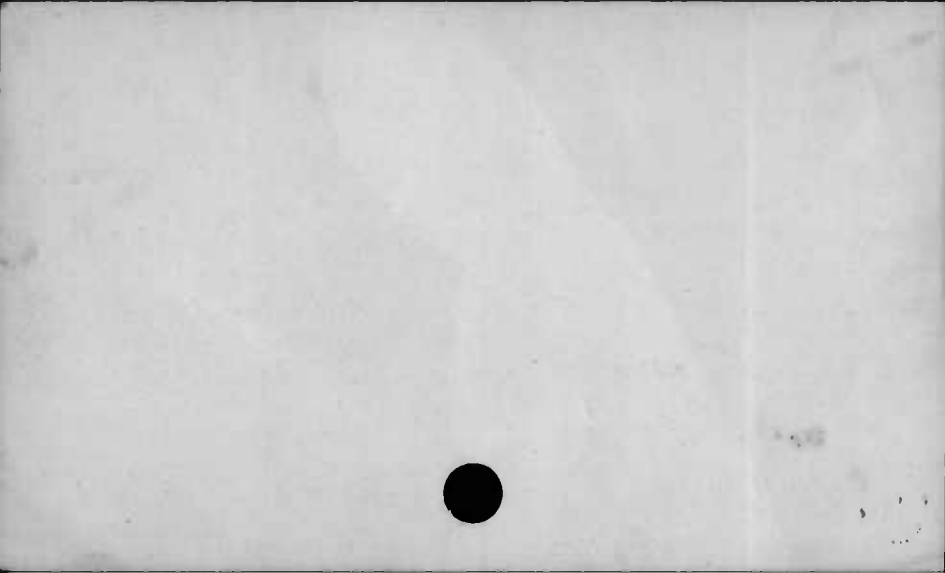
~~Accident, Suicide, Homicide~~

Reported by

A. L. Hodgson, M. D.

Residing at Preshing Point, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date

~~Male~~

Female

~~Husband~~

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Y.

M.

D.

Native of

Occupation

MARYLAND

Month

Day

Age

Married

~~Widow~~~~Divorced~~~~Widower~~~~Number of children living~~

Mother's

Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

-LIBRARY BUREAU, 6596B

